

RHODE ISLAND DIVISION OF MOTOR VEHICLES DIVISION OF MOTOR VEHICLES LICENSES

NOTICE OF DENIAL

THE DIVISION OF MOTOR VEHICLES HAS DENIED YOUR APPLICATION FOR AN OPERATOR'S OR CHAUFFEUR'S LICENSE FOR THE FOLLOWING REASON(S):

	Applicant for Operator's License is under the age of sixteen (16) years		and convincing evidence to believe tha the applicant does not meet a standard o		
	Applicant for Chauffeur's License is under the age of eighteen (18) years		physical or mental fitness for motor vehicle licensure and that the person's physical o mental condition prevents applicant from being able to operate a motor vehicle with safety upon the highway		
	License is suspended				
	License has been revoked				
	Applicant has failed to pass the applicable examinations		Applicant is subject to an order issued pursuant to R.I.G.L § 14-1-67		
	If required applicant has failed to deposit proof of financial responsibility pursuant to the laws of this state		The Administrator of the Division of Moto Vehicles has good cause to believe tha the operation of a motor vehicle on the		
	Applicant is incapable of safely driving a motor vehicle due to habitual use of drugs and/or alcohol Applicant failed to present proof of Rhode Island residency		highways by the applicant would pose imminent safety risk to the general pul as determined by objectively ascertaina standards. Other		

****YOU HAVE A RIGHT TO APPEAL THIS DENIAL****

Pursuant to Rhode Island General Laws §§ 31-10-3, 31-11-7 and 42-35-15, you have a right to appeal the Division of Motor Vehicle's decision to deny your license application. To appeal this decision, you must submit in writing a request for an appeal along with a copy of this form to Office of the Administrator, Division of Motor Vehicles, 100 Main Street, Pawtucket, Rhode Island 02860 within ten (10) days of receipt of this form. Please include the following information in your request (a) A clear and concise statement of the nature of the matter which is disputed, objected to, or otherwise sought to be contested and of the facts on which you rely; (b) A clear and concise statement of the objection to the action of the Division of Motor Vehicles with which you are aggrieved, and contention of law, if any, which the you intend to raise, including the application of any agency rule or regulation which may be involved;(c) A statement of what type of relief you are seeking; and (d) your name and address, as well as the name and address of your attorney, if any. Upon receiving your request, an administrator will schedule a hearing as soon as practical, but not later than twenty (20) days after the receipt of the request. At this hearing, you are entitled to: (1) an in person hearing before an impartial decision-maker; (2) the opportunity to compel the production of documents and witnesses, including members of the division of motor vehicles 's Medical Advisory Board; (3) the opportunity to confront and cross-examine witnesses; (4) access to all of the evidence upon which the division of motor vehicles relied in making its determination to suspend; and (5) the right to present any and all relevant evidence including the right to obtain and present the results of a recently administered road test. After the hearing, the Division of Motor Vehicles shall issue a written opinion stating the Division's decision. Any person aggrieved by any order of the Administrator of the Division of Motor Vehicles may appeal the order t

	The Adm	ninist	rator	of	the [Division	of	Moto
	Vehicles	has	good	d ca	ause	based	on	clea
Applicant	Name	Date	of Ap	plic	cation	1		